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Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant name				
Organization	Saliba Action Strategies, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported				
101 Constitution Avenue, N.W.		Suite 800		
City	Washington	State	DC	Zip Code 20001 Country US
3. Principal place of business (if different than line 2)				
City	State	Zip Code	Country	
City	State/Zip or Country			
4a. Contact Name		b. Telephone number	c. E-mail	5. Senate ID #
Prefix	Full Name			
Mr.	Khalil G. Saliba	202/262-8441	khalil@salibastrategies.com	57533-90
7. Client Name <input type="checkbox"/> Self				6. House ID #
National Franchisee Association, Inc.				35236001

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date _____ 11. No Lobbying Acti

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000</u></p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of opti</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions or</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of t Revenue Code</p>
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Form Co

Printed Name and Title Khalil G. Saliba

000041190



Registrant Name Saliba Action Strategies, LLC Client Name National Franchisee Association, Inc

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code** information as requested. Attach additional page(s) as needed.

15. General issue area code FOO - Food Industry (Safety, Labeling, etc.) (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue >

S. 20 - Minimum Wage
H.R. 3 - Highway Logo
S. 419 and H.R. 920 - Restaurant Depreciation Relief
H.R. 2804 ADA Reform

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for th*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Khalil	Saliba		

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Add a page for a differ

Printed Name and Title Khalil G. Saliba

0000441191



Registrant Name Saliba Action Strategies, LLC Client Name National Franchisee Association, Inc

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

Country

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

First Name

Last Name

Suffix

First Name

Last Name

Su

1

3

2

4

ISSUE UPDATE

Find the code to select below.

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owr perc client
	City	State/Province Country	City State Country		

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, or affiliated organization

1

3

5

2

4

6

Add a page for more u

Printed Name and Title Khalil G. Saliba

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